	dministration of arenteral Medications
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Mildred Gonzales N11 mgonzales @dh	3L

#### Guidelines for Medications Administration

- Medications are not to be administered until the <u>patient's allergies</u> are determined.
- Know the reason why the patient is receiving the medication, drug classification, contraindications, safe dose, side effects, & nursing considerations.
- Question any order that is not clear, i.e. questionable in dosage & indication, etc.



- Never permit a patient to carry medicine to another patient.
- Know the <u>8 Rights</u> of medication administration (patient, medication, dose, route, time, <u>documentation, reason, &</u> <u>response</u>)
- An error in medication must be reported immediately.
  - -Refer to Medication Error Policy



- The <u>nurse who prepares the medication</u>, <u>administers and charts it</u>.
- Know and concentrate on what you are doing when preparing and administering medications.
- Give the medications at the time for which it is ordered (routine, urgent, STAT orders)
- Give medications only from clearly labeled containers.

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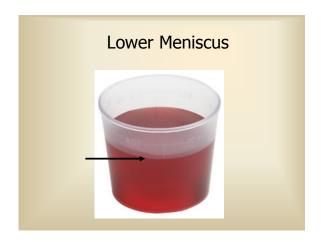






- Always identify the patient (minimum of 2 identifiers) before giving the medication by asking the patient's full name and checking the arm band for name & MRUN.
- Ask patient for ALLERGIES at the bedside.
- If the medication is refused, or cannot be administered, notify the instructor, staff nurse, and chart the reason.
- Never mix the liquid medications together.







- Record accurately and immediately <u>after</u> it was administered.
- Never record a medication as given before it was administered.
- Do not crush enteric coated tablets.
- Do not remove medicine from capsules.
- Fractional doses must be preceded by a zero.
  Ex. 0.2 mg.



- Be careful of two patients with the same name. Check patient medical record number.
- Never leave the medications at the bedside, however there are exceptions.

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#### Requirements:

- · There is an order.
- The medication is on the allowable list for the hospital.
- The patient is given appropriate instructions to take the medication.
- The nurse must chart that instructions were given to the patient.
- Medication is left in the original container.

## Medications that may be allowed to be left at the patient's bedside are:

- Antacids
- Dermatological medications, e.g. ointments & lotions
- Oral contraceptives
- Eye drops
- · Ear drops



- Patient Identifiers
- "High Alert" Medications
  - -Ex. Methadone po (policy #910, 2013)
- · "Read back" policy
- "Hand off" communication
- · No "range order"
- Medication Reconciliation

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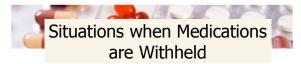
- 1st semester students are not to take any telephone or verbal orders.
- In County hospitals, research & investigational drugs are not given by student nurses.
- Any concern or confusion on medications, ask your clinical instructor.



- Medication that carries the risk of serious and life-threatening adverse effects.
- Strongest medication warning issued by the FDA.
- Meds: Lovenox, Duragesic patch, Haldol, Dilaudid injection, Toradol injection, Methadone, Morphine ER, Oxycontin, Advair, Coumadin, etc.

### Steps to Verify a Medication Order prior to Administration

- · Physician's Order
- MAR
  - -Patient's identifiers
  - -Check allergies
  - -Medications written as ordered by MD
  - -Any parameters that need to be checked?
  - -When was the last time PRN med was given?



- NPO status
- Procedures, surgeries
- Patient's parameters
- Patient's unstable clinical condition
- Allergic/adverse reactions





Children under 3 yrs. of age

Older than 3 yrs. of age



- Medication Safety is multidisciplinary and requires physicians, nurses, and pharmacists to work together to ensure legible orders, accurate transcription, and timely administration.
- Good communication, both oral and written, is the foundation of medication safety.

